



PERSONNEL ACTION REQUEST

Central California Conference

EMPLOYEE INFO	Employee Name (F, MI, L) _____ <input type="checkbox"/> New Position (include job description) Social Security Number _____ - _____ - _____ <input type="checkbox"/> Replacement for: _____
NEW <input type="checkbox"/> REHIRE <input type="checkbox"/>	<input type="checkbox"/> Full-time <input type="checkbox"/> Regular (12 Mos. or more) <input type="checkbox"/> Student <input type="checkbox"/> Monthly \$ _____ <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary (Less than 12 Mos.) <input type="checkbox"/> Hourly \$ _____ Job Title: _____ Avg. hours per week: _____ Place of work: _____ Starting Date: _____ Date voted by local board: _____ Ending Date (if any): _____ Comments: _____
CHANGE OF: ADDRESS <input type="checkbox"/> PAY RATE <input type="checkbox"/> JOB TITLE <input type="checkbox"/> OTHER <input type="checkbox"/>	New Address: _____ <div style="text-align: center;"><small>Street or P.O. Box</small> <small>Apt. #</small></div> _____ <div style="text-align: center;"><small>City</small> <small>State</small> <small>Zip</small> <small>Phone</small></div> New Pay Rate: \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly Effective Date: _____ New Job Title: _____ Effective Date: _____ Change of Status: <input type="checkbox"/> FT <input type="checkbox"/> PT Avg. hrs. per week _____ Effective Date: _____ Other: _____ <i>Note: Report change of name (marriage, etc.) by submitting new W-4 form with copy of new SS Card</i>
TERMINATION <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/>	<input type="checkbox"/> Resignation <input type="checkbox"/> Layoff <input type="checkbox"/> End of Assignment Effective Date: _____ <input type="checkbox"/> Retirement <input type="checkbox"/> Dismissal Date Voted by Board: _____ <div style="text-align: center;"><small>(Dismissal or Layoff Only)</small></div> Vacation/Paid Leave Due: _____ <i>(Unused vacation/paid leave is paid out at termination, but not unused sick leave)</i> Leave of Absence Beginning Date: _____ Ending Date: _____ Comments: _____
<p>To avoid processing delays - before signing please make sure that all applicable sections are completed.</p> <p>Authorized Local Employer's Signature: _____ Date: _____</p> <p>Print Name: _____ Title: _____</p>	